

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services

Telehealth Assessment Checklist

To be completed by Telehealth Coordinator or nurse assessor. Please initial when complete.

Participant S	DS ID #:	
Participant	Scheduling	
	Contact the participant's care coordinator/case manager or PCA provider to discuss potential Telehealt reassessment;	:h
	Email care coordinator/case manager or PCA provider "Pre-Telehealth Assessment Packet" or the SDS web link to the packet: Consent for Telehealth Assessment Telehealth Assessment Checklist Recipient Medications/Supplements 	3
	Contact clinic staff to schedule the telehealth reassessment:	
	Scheduled reassessment date:	
	Schedule SDS resources required for a tele-assessment o nurse assessor; o videoconferencing equipment.	
	At least one week prior to scheduled reassessment date contact participant's care coordinator/case manager or PCA provider to: o confirm date and time for reassessment; o verify personnel in remote site who will initiate videoconference; o coordinate an escort or other assistance needed for recipient to access telehealth reassessment; Contact Tribal Health Clinic IT for assistance with arranging the telehealth encounter and videoconferencing bridge	
	Aide at the remote site will initiate the telehealth connection with SDS; when connection is made:	
Con	sent for Telehealth Assessment health Checklist pient Medications/Supplements	
	Verify participant ID; Form of ID and #	
	Verify participant telephone and email address	
	Telephone: Email:	
	Explain the telehealth reassessment process including: o expectations during the telehealth reassessment; o assurance that all health information discussed will be kept confidential; o assurance that the participant, family members or representatives may ask questions at any time; o assurance that the tele-reassessment may be stopped at any time the participant or any family members on the process.	

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